

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER	<i>W</i>		4-19-01
FORMALITY REVIEW	S.H	1085	5/03/01
RESPONSE FORMALITY REVIEW	MD	JCAR	08/10/01

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 (Through numeral)..... Canceled      A ..... Appeal  
 - ..... Restricted      O ..... Objected

Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions:  
staple additional sheet here

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5-03-01 1509  
-- 8/10/01